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The Nurse Specialist is available from
8.30am to 4.30pm Monday to Friday
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Where can I get more information?

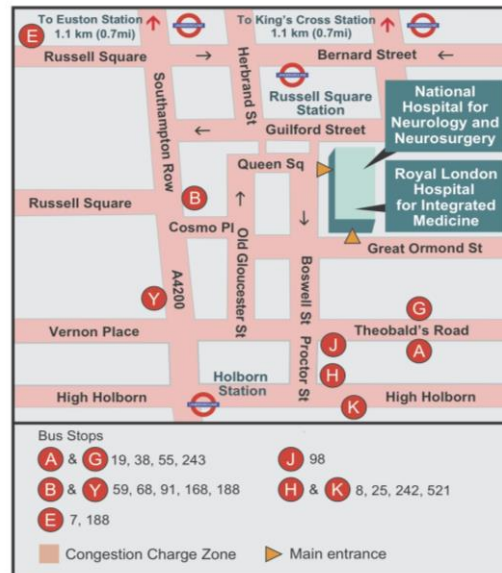
Muscular Dystrophy UK

Website: <http://www.musculardystrophyuk.org/>

Telephone: 0800 652 6352

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information provided by external organisations.

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contact the nurse specialist directly. We
will try our best to meet your needs.



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National Hospital for Neurology and Neurosurgery

Dietary information about
potassium for patients
with hyperkalaemic
periodic paralysis

Information for patients,
relatives and carers

Centre for Neuromuscular
Diseases

This leaflet has been written by the Specialist Nurse for the muscle channel service at the National Hospital for Neurology and Neurosurgery. The aim of the leaflet is to provide general information about dietary potassium sources; it is intended for patients who have a diagnosis of hyperkalaemic periodic paralysis and supplements information given in clinic.

What is hyperkalaemic periodic paralysis and why does diet play a role?

Patients with hyperkalaemic periodic paralysis (attacks of weakness when the blood potassium levels are high) can have attacks that are triggered by meals containing higher levels of potassium. These attacks can be experienced as an episode of total or partial weakness. Some patients are able to identify specific dietary triggers, while others are not.

Being aware of what you eat, foods that contain higher levels of potassium and looking at substituting for lower potassium alternatives may all help with attack control.

This is general advice and maintaining a food diary may help you look at what your sources are. You can then discuss your diet diary with the specialist nurse to see where changes could be made. It is important to ensure that

you do not cut out potassium completely as it is important for the body to function normally. Too little is as harmful as too much. Always discuss any dietary changes with the specialist team and if needed with a dietitian.

Potassium is found in many foods and drinks including fruits, vegetables, potatoes, milk and some snack food. You do not need to avoid all high potassium foods; it may be sufficient to just reduce your intake of these foods or look at lower alternative sources of potassium (ask the nurse for further information) or consume them in moderation. Boiling vegetables in unsalted water helps remove some of the potassium.

Potassium rich foods:

Fruits: apricots, bananas, dates, grapefruit juice, kiwi, oranges, fresh pears, prunes, avocados, cantaloupes, dried figs, honeydew melons and nectarines.

Vegetables: asparagus, butter beans, potatoes, okra, sweet potatoes, tomatoes, spinach, pumpkin, greens and Brussels sprouts.

Proteins and dairy also contain potassium so it is important to look at how much you are eating to help keep to a moderate intake of foods containing high levels of potassium.

Chocolate and liquorice are also fairly high sources of potassium so eat a little in moderation.

Low potassium alternatives:

Fruits: blueberries, cranberries, lemons, peach juice, papaya juice, pear juice and canned pears.

Vegetables: bean sprouts, alfalfa sprouts, wax beans, raw cabbage, peppers, cucumber, watercress, water chestnuts and green beans, boiled potatoes (maximum 150g a day), pasta, rice, bread, couscous.

What is a good portion size?

One portion of fruit (80g) is approximately one handful. One portion of vegetables is one handful or two to three tablespoons. Protein portion size should ideally be the size of your palm for meat, fish, chicken. Dairy: choose a small matchbox-sized piece of cheese; however cream cheese, crème fraiche, rice/oat milk are all low in potassium and can be eaten freely.

Carbohydrates/starchy foods: high-fibre low-glycaemic index carbs can be high in potassium. Try whole grain breads as an alternative.

This list is not exhaustive; if you need further information please speak to your specialist nurse or local dietitian.